## **DAILY MEAL COUNT SHEET**

Name of Center:						Month/Yr.								
No. of Meals Served to Enrolled Children						No. of Meals Served to Adults								
Date	Breakfast	A.M. Snack	Lunch	P.M.	At-Risk Snack	Supper	Nite Snack	Breakfast	A.M. Snack	Lunch	P.M. Snack	At-Risk Snack	Supper	Nite Snack
Duto	Broakidot	Ondok	Lanon	Ondok	Ondon	опрро.	Ondok	Dioakiaot	Ondok	Lanon	Ondok	Ondon	Сирроі	Chaok
Subtotal														
Infant Total from reverse side*														
Total														

**DAILY MEAL COUNT SHEET** 

Reminders: \*If claiming infant meal, use reverse side. The total infant meal must be added and indicated on the corresponding line item of the claim I:\stu\_svcs\cacfp\daily meal count sheet.doc

lame of Center:	Month/Yr.
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No. of Meals Served to Infants

		A.M.		P.M.		Nite
Date	Breakfast	Snack	Lunch	Snack	Supper	Snack
	1					
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	<u> </u>					
Infant Total						
Transfer						
total to						
reverse side						

Reminders: \*If claiming infant meal, use reverse side. The total infant meal must be added and indicated on the corresponding line item of the claim I:\stu\_svcs\cacfp\daily meal count sheet.doc